MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL IIO. FILING DATE

APPLICANTIS)

	AS IND.	AS FILED IND. DEP.		AFTER 1st AMENDMENT IND. DEP		TER	CLAIN	15 [1.		1.	
1	1	1	AVD.	DEP.	IND.	DEP.	1		IND.	DEP.	IND.	Dra	ļ	
2		T						51				DEP.	IND.	P
3		1					٠	52						+
5		3:						53_	ļ				-	+-
6		3						54						†
7		W. W. W. W.					. 1	55 56						
8		3		!.			- 1	57						
9	7		-				- 1	58						
10		7						59						
11		/						60						
12		/					- 1.	61						
13		4					-	62						
14	-,	4					- -	63						
15	_/_						-	64						
16 17		4					- 1	65						 -
18		/ -						67						
19								68						
20		5						69						
21		5						70				-		
22								71						
23								72						100
24		_						73						
26								74 -						
27				_ _				76						
28								77				_ _		
29								78						2.8
30				_ _				79						
31								30						7
32								1					_	
34						-	$-\frac{8}{8}$	2					1	\dashv
35							8							
36							8							
37		-					86							\Box
38			-		-		87		1			-		\perp
39							88	·				-		\dashv
40						- '	89					-	-	
41						7 1	90	+					1	\dashv
43							91 92	-	-				1	7
44						7 1	93	·						
45				-			94	·				ļ		
46				<u> </u>	1	-1 [95	1			 	 	ļ	7
47		1		 		1 [96			 	 	 	<u> </u>	_
48						- -	97				 		 	-
49 50						1 }-	98	ļ			1			+
	 					1 -	99		ļ					1
2. 3	1 1				1	1 1	OTAL VD.	ļ		-				1
JAL 42.			-		4				1		1		1	7
TAL 45	T		r 				OTAL EP.				ا ف		ال.	1
0-1360 (3-78)			*MAV BE	11812			OTAL LAIMS					Т		1
s ²			*MAY BE	DSED FO	RADDITI	ONAL CL.	AIMS O	RAMEND	MENTS	U.S. DEP	ARTMENT d Tradema	of COM	MERCE	1
				3						an	u iradema	rk Office		22